

# MOULTONBORO RECREATION DEPARTMENT MEDICAL RELEASE/ REGISTRATION FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

City and Zip: \_\_\_\_\_ Parents Names: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Sex: Male / Female

In case of an emergency, if no parent or guardian can be reached, please notify:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you allergic to any medications: (if so please list) \_\_\_\_\_

ASTHMA: YES / NO ALLERGIES TO BEES, PLANTS, ANIMALS, FOODS, ETC. \_\_\_\_\_

FAINTING: YES / NO \_\_\_\_\_

EPILEPSY: YES / NO \_\_\_\_\_

DIABETES: YES / NO CURRENT MEDICATIONS / BEE STING KIT: \_\_\_\_\_

HEART TROUBLE: YES / NO \_\_\_\_\_

FEARS/PHOBIAS/OTHER: \_\_\_\_\_

RECENT INJURIES: \_\_\_\_\_

My child has difficulty with (Check all that apply and explain)

Eyes: YES / NO Throat: YES / NO EXPLAIN: \_\_\_\_\_

Ears: YES / NO Lungs: YES / NO \_\_\_\_\_

Nose: YES / NO Other: YES / NO \_\_\_\_\_

This health history is correct to the best of my knowledge, and I will keep the Recreation Department apprised of any changes to the above information. The person named above has permission to take part in all prescribed activities. In case of an accident, I give my permission for the recreation staff or coach to administer first aid. In the event that none of the above named relations can be reached, and only in the event of an emergency, I hereby give my permission to the attending physician to treat, hospitalize, administer anesthesia, or order injections or surgery for the safety of my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date